I hereby certify that this paper or fee is being	Date of Deposit: December 11, 2007 deposited with the United States Postal Service's "Express Mail Post Office to the date indicated above and is addressed to: Attention: Office of Petitions, Mail Box 1450, Alexandria, VA 22313-1450.
OIPE Saria E.	ATES PATENT AND TRADEMARK OFFICE
In re Application of:) Group Art Unit: 3762
MOISES CALDERON Serial No.: 10/768,728 Filed: January 29, 2004 For: LOW FLOW ATRIAL-ART SHUNT FOR PUMP-ASSIS MYOCARDIAL REVASCULARIZATION V CARDIOPULMONARY BY	TED) VITHOUT)

PETITION FOR EXTENSION OF TIME TO FILE ACCOMPANYING AMENDMENT

Attention: Office of Petitions Mail Stop Petition Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is an Amendment in response to the Office Action dated May 22, 2007, for the above-identified application. Pursuant to 37 C.F.R. § 1.136(a) and M.P.E.P. § 710.02(c), Applicant respectfully requests that the deadline for filing this Amendment be extended three (3) months, from August 22, 2007 to November 22, 2007.

date: 05/21/2008 CKHLOK MBLANCO 00000019 10768728 -525.00 OP

12/13/2007 MBLANCO 00000019 10768728

82 FC:2253

525.00 OP

A check in the amount of \$525.00 is enclosed to cover the fee required under 37 C.F.R. §1.17(a)(3).

Please charge any additional fees or credit any overpayment to Deposit Account No. 08-2622.

Respectfully submitted,

Donald S. Holland Attorney for Applicant Registration No. 29391 Customer No. 27804

(413) 567-2076

Date: December 11, 2007

[02082P23]

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request:05/19/08							
3 Please refund the following fee(s):			4 PAPER NUMBER		5 DATE FILED	6 AMOUNT	
Filing						\$	
Amendment						\$	
χ Extension of Time			wfee		12/11/07	\$ 525.00	
Notice of Appeal/Appeal						\$	
Petition						\$	
Issue						\$	
Cert of Correction/Terminal Disc.		sc.				\$	
Maintenance						\$	
Assignment						\$	
	Other					\$	
			7 TOTAL AMOUNT \$ 525.00			\$ 525.00	
		******	8 TO BE REFUNDED BY:				
10 REASON:			Treasury Check				
	Overpayment		Х	С	redit Dep	osit A/C #:	
	Duplicate Payment			9 (8 2	6 2 2	
х	X No Fee Due (Explanation):						
Extension submitted after extendable period.							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME Sherry D/Brinkley TITLE: Petitions Examiner							
SIGNATURE:							
OFFICE: Petitions ^L							
THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: DATE: 55/21/01							
DATE:							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 Refund Branch
(01/90) Crystal Park One, Room 802B